

AGENDA ITEM III B

PROPOSED ACADEMIC PROGRAMS

**LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER-
SHREVEPORT**

DOCTOR OF PHYSICAL THERAPY

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BACKGROUND INFORMATION

Like all other medical and allied health academic programs, Physical Therapy education is subject to certification by an external accrediting agency. Board of Regents Academic Affairs Policy fully supports the necessity for professional accreditation of such programs. For Physical Therapy education, the appropriate accrediting agency is the American Physical Therapy Association's Commission on Accreditation in Physical Therapy Education (APTA/CAPTE). In the 1990's, APTA began to move toward requiring a minimum of a doctorate degree as a prerequisite for professional practice. The accrediting arm of APTA, CAPTE, initially issued a mandate in that regard, but in face of some opposition soften its position slightly. Instead of a finite date for total conversion of master-level Physical Therapy programs to the practitioner doctorate, CAPTE choose to approach the achievement of its goal through two related actions: (1) the adoption of a goals statement which stipulated that by 2020 all medical physical therapy services would be provided and/or overseen by doctorally educated professionals; and (2) the strengthening of accreditation standards which in effect make it extremely difficult for a master-level Physical Therapy education program to maintain CAPTE accreditation. As a result, it is inevitable that all former master-level Physical Therapy education programs will have to move to a practitioner doctorate.

REPORT OF THE EXTERNAL REVIEW COMMITTEE, WITH RESPONSES FROM LSUHSC-S

INTRODUCTORY COMMENTS OF THE EXTERNAL REVIEW COMMITTEE

Report:

This report consists of the findings of the evaluatory committee following their review of the proposals to establish a Doctor of Physical Therapy (DPT) degree program at Louisiana State University Health Sciences Center-Shreveport and at Louisiana State University Health Sciences Center-New Orleans. This review was requested by the Louisiana Board of Regents. These findings result from a review of written materials presented to the evaluatory committee, site visits to the LSU Health Sciences Center at Shreveport and at New Orleans, and interviews with faculty, students and administrators at both sites. The people interviewed are detailed in Appendix 1 (Shreveport) and Appendix 2 (New Orleans). The findings are reported using the format of the specified topics below, as suggested by the Board of Regents. Overall, the evaluatory committee finds the proposals from both Shreveport and New Orleans to be favorable but expresses high caution as important stipulations must be reconciled to make these professional doctoral programs successful and prideful to the state of Louisiana.

As an additional note, the evaluatory committee wishes to commend the Louisiana Board of Regents for what the committee believes is a very thorough and fair process in reviewing new academic proposals. The invitation for an external committee to critically review the proposal, the faculty and students, and the institution as a whole is a testament to the devotion and commitment that the Board of Regents has in promoting the highest possible quality of its academic enterprise. It has been a learning experience and a privilege for this committee to contribute our expertise to the review process. The committee also wishes to commend Associate Commissioner Gerard Killebrew for his professionalism, his coordination of the multiple activities, and his overall hospitality that he showed to us.

STRENGTHS WHICH THE REVIEW COMMITTEE IDENTIFIED

Report:

[The committee noted the following proposal strengths:]

- Dedicated faculty
- Support from Chancellor of LSUHSC-Shreveport
- Support from the College of Allied Health Professions and the Department of Rehabilitation Sciences
- High-caliber and enthusiastic students
- Opportunities for research collaborations amongst faculty
- Inter-disciplinary teaching of physical therapy students
- Curriculum generally adequate to address the accreditation standards for a clinical doctoral program in physical therapy
- Reasonably-priced tuition for a clinical doctoral program
- Supportive clinical instructors and clinicians within the state

WEAKNESSES AND PROBLEMATIC AREAS WHICH THE REVIEW COMMITTEE IDENTIFIED, WITH RESPONSES FROM LSUHSC-S

PROGRAM/INSTITUTIONAL CULTURE MUST REFLECT DOCTORAL EXPECTATIONS

Report:

The culture observed by the evaluatory committee for the physical therapy program at LSU-Shreveport centers on the student, which is a time-honored tradition in physical therapy education. However, as physical therapy evolves to doctoral-level education, a new and academically more sophisticated culture is now expected. Doctoral education is distinctly different from baccalaureate and master's degree education. It signifies not only mastery of the highest level of knowledge of a discipline by students but also a commitment from faculty to advancing the core knowledge of that discipline. Whether the doctoral degree awarded to students is a research doctorate (PhD) or a clinical doctorate (DPT), the faculty of any doctoral program still bear the responsibility for advancing the science of that discipline.

At present, the culture surrounding the physical therapy program at LSU-Shreveport does not include sufficient attention to advancing rehabilitation science. The proposal does not describe the faculty's philosophy and tenets underpinning a clinical doctorate. Nor does it describe the faculty's vision of where the program is headed, except for a new curriculum. The mission of the school is stated but not the mission of the program. It is not stated explicitly where research stands in the future of the program, both from a faculty perspective and a student perspective. Clinical service appears to be highly regarded in this program but at the expense of scholarly activity. The absence of research labs run by physical therapy faculty is noted. Also noted is the absence of substantial start-up dollars to catapult faculty into competitive research grant applications. The tenure code is likely to become more rigorous as a doctoral-degree program develops but the faculty do not seem to be aware of this pending change.

It is understood that the Health Sciences Center at LSU-Shreveport has recently separated from the administrative link with New Orleans. Despite this change, rich resources for scholarly activity still exist among the faculty and labs in other departments at Shreveport. The physical therapy faculty can capitalize on this foundation but the faculty must first define and create the overarching culture that embodies the essence of the doctoral degree. Regard should extend to such concerns as teaching contact hours, clinical hours, service hours, internal vs. external grant applications, peer-reviewed publications, rank of journals to which papers are submitted, scientific presentations, proper number of core faculty, desired area of expertise of new faculty, faculty recruitment, faculty development, faculty evaluation, tenure code, laboratory space, collaborations with other faculty, student tuition, state allocations, faculty salaries, national reputation, etc.

The evaluatory committee recommends that the faculty define and create a scholarly culture consistent with awarding of a doctoral degree.

Response:

The review committee did not acknowledge the program mission, which was included in the original proposal and states the following:

It is the mission and primary enterprise of the Program in Physical Therapy to educate thoughtful individuals who are competent, knowledgeable, and ethical professionals, dedicated to improving their community through provision of quality, evidence-based physical therapy services. Our graduates demonstrate a commitment to the professional organization, to life long learning, and to the education of future physical therapists. Our graduates are scientific clinicians, skilled in critical thinking and capable of integrating theory with clinical practice.

The faculty, collectively and individually, embodies and exemplifies each of those attributes we seek to instill in our graduates. As role models of professional behavior and practice, faculty provide public service through direct patient care, including care of underserved populations, and they advance the knowledge of physical therapy through clinical and basic health science research.

In answering one of the committee's major concerns about the "culture" for doctoral level education, the mission statement explicitly includes the role of faculty members as scholars with the responsibility to "advance the knowledge of physical therapy through clinical and basic research". Further, the program has been awarded accreditation by the Commission on Accreditation in Physical Therapy Education (CAPTE) under the 1998 criteria. This entailed an extensive review of the culture of the program. CAPTE has indicated that any program evaluated under the 1998 criteria meet the accreditation standards for offering the DPT degree. The program therefore, once approved by the Regents, will be fully accredited until its next regular **accreditation cycle**.

The review committee expressed concerns that clinical service is highly regarded in this program at the expense of scholarly activity. Because we will be educating *clinicians* in the entry-level doctoral program, faculty clinical skills and services will continue to be important, but as is currently the case, will not take precedence, nor substitute for the expectation of scholarly productivity for each core faculty member on the tenure track. Each faculty member ascribes to this responsibility and has already established a record of scholarly activity in accordance with CAPTE's requirements for PT faculty. This is anticipated to increase with more publications in impact journals and improved grantsmanship with the increasing experience of current faculty and with the assistance of new faculty members. The importance of advancing the science underlying the practice of physical therapy is not lost on this faculty. In fact, the program director was the author of the American Physical Therapy Association's House of Delegates motion 39-03 which directs the profession to promote, support and advance the role of physical therapists as basic science researchers.

In developing the mission statement, the faculty spent considerable time discussing the behavioral outcomes we hope to establish in our graduates to embody “doctoring” professionals. These “student outcomes” were utilized in developing the program mission and philosophy, which also was included in the original proposal, but not acknowledged by the review team. Two of the six student outcomes, critical thinking and life-long learning, identify the faculty’s expectation of the student’s role in the utilization of evidence and contribution to the advancement of physical therapy science. The expected student outcomes and program and philosophy were used to develop the proposed curriculum. The team did accurately point out the absence of a Vision Statement, which has since been developed and included.

In summary, we already meet the current standard for educating entry-level, clinical doctorate PT students. We agree with the reviewers in the necessity for doctoral faculty to advance the science of our profession and are committed to improving faculty proficiency in the areas of scientific inquiry and grantsmanship, which will enhance our academic culture. We plan to do this through continued collaboration with experienced scientists and clinicians within and outside the institution, the addition of 3 experienced faculty members, more equitable distribution of teaching loads and continued manuscript submission to impact journals and grant applications.

GENERAL CURRICULAR REFINEMENTS NEEDED

Report:

The evaluatory committee found that the number of credit hours awarded at the end of the proposed Doctor of Physical Therapy program was low in comparison with the national average for this type of program. According to CAPTE’s 2004 Biennial Accreditation Report (completed March 2004 by all accredited programs), the mean number of credit hours was 115.5 (median = 115) for DPT programs. Additionally, the change from the current MPT program at LSUHSC-Shreveport to the proposed DPT program is only 8 credit hours. The evaluatory committee also noted that the number of weeks spent in clinical externship/internship experiences in the proposed DPT program are the same as in the MPT program. If the intent is to prepare doctorally-prepared clinicians who are capable of engaging in independent practice in an increasingly complex practice arena, high-quality and diverse clinical experiences are necessary. The inclusion of more clinical experiences is needed in order to address this necessity.

Therefore the committee recommends that:

- ***The number of credit hours in the curriculum be increased from 109 credit hours to at least 115 credit hours consistent with the national average reported in the 2004 Biennial Accreditation Report.***
- ***The number of weeks of clinical externships be increased to be consistent with the national average of 36.5 weeks reported in the 2004 Biennial Accreditation Report.***

Response:

The program has examined and reworked the proposed curriculum to address this concern. In so doing, several of the content areas addressed in other areas of this report were more fully integrated into the curriculum. The revised curriculum is now at 113-116 credit hours. (This document is on file in the Office of Academic Affairs.)

There apparently was some misunderstanding in how clinical hours were counted in the curriculum, since the proposed curriculum had 36 weeks of clinical externship integrated throughout. While this is only 0.5 weeks short of the national average, the faculty has re-examined this issue and decided that additional clinical time above the average could be beneficial. The newly revised curriculum has 36.75 weeks of clinical experience, much of which involves the integration of focused clinical rotations designed to augment classroom instruction throughout the three years. Terminal, full-time clinical externships remain unchanged.

SOME CONTENT AREAS ARE DEFICIENT

Report:

The evaluatory committee also found several areas of content that appear to be deficient in the proposed curriculum. The areas that need to be further addressed are epidemiology, health policy, and psychosocial aspects of patient care, neurosciences, and ergonomics. These areas were identified either by the team or by the current and past students during the interviews. Students also expressed the desire to have elective hours within the curriculum.

The evaluatory committee therefore recommends that:

- *Further course content needs to be added in the areas of epidemiology, health policy, and psychosocial aspects of patient care, neurosciences, and ergonomics.*
- *Independent study courses or intense weekend courses be considered as a method of providing these elective hours rather than scheduling specific courses during the time that all students are on campus for didactic coursework. The use of elective courses would allow more individualization of the program, which is appropriate for doctoral study.*

Response:

The newly revised curriculum has addressed these concerns by:

1. The integration of pathology and epidemiology into the Differential Diagnosis in Physical Therapy course with the addition of one credit hour;

2. Refocusing of the Ethics course into a course entitled Clinical Decision-making. This course will be 3 credit hours in length and will address ethics, health policy and psychosocial aspects of health care;
3. Biomechanics will be removed as a topic in the Evaluation of Patients with Locomotor Dysfunction and placed into a separate course entitled Biomechanics and Ergonomics. This course will allow the addition of the ergonomics content; and
4. Development of a 3 semester neuroscience sequence that begins with the neurological system, moves into the foundations of motor control and motor learning, and culminates in a neurological therapeutic interventions course that **integrates motor control and motor learning in clinical practice.**

RESEARCH COURSES NEED TO BE STRENGTHENED

Report:

The evaluatory committee in reviewing the sequence of research courses in the proposed curriculum found the number of credit hours assigned to be low. The entire sequence is only awarded 5 credit hours for the completion of a research project that culminates in a poster or platform presentation. The number of credit hours for the research sequence should be increased to adequately represent the coursework. Additionally, the committee recommends that larger groups of students (rather than 2 or 3 students per group) be identified by each faculty member for the projects. The current small group size has created difficulty with time utilization and resource management for those faculty members who are qualified to direct student research. The committee also recommends the use of faculty from the basic sciences and clinical sciences programs as well as the medical school as research advisors for the student research projects. Support for this type of interaction by these programs was evident during the site visit; the program in physical therapy should take advantage of these opportunities that are afforded to them on the campus.

The evaluatory committee therefore recommends:

- ***An increase in the number of credit hours assigned to the Research sequence of coursework in the curriculum.***
- ***An increase in the size of each of the student research groups.***

Response:

One to three hours of elective study have been added to the curriculum. These hours can be taken in any semester of the student's choosing and can consist of content from existing courses in the Health Sciences sequence or involve courses developed with the student to address specific areas of interest for more in-depth study.

It was the recommendation of one of the external reviewers that the research sequence be started one semester earlier to prepare students to use evidence-based theory throughout the curriculum. Additional credits were also recommended to allow adequate time for students to assimilate material, formulate a research question and develop a research agenda. This has been accomplished by adding one hour to the research sequence and beginning the sequence in the fall semester of the first year. The sequence then continues through the curriculum to the summer semester of the third year. In this semester, the students enroll in Research V where they finalize their project and present a poster or platform presentation in addition to a research paper. Student research groups presently have 2-3 students being supervised by a faculty preceptor. While this is working well for the program, the external review team was concerned with the increased work load that would be associated with the addition of a third year to the program. To address this, the program plans to double the size of the groups so that faculty preceptors are supervising 5-6 students per group. There will also be additional faculty involved with the program as student enrollment grows so that this ratio can be maintained.

COURSE RESEQUENCING/RESTRUCTURING IS REQUIRED

Report:

Several courses within the curriculum were found to be out of sequence. Specifically, Research 1 needs to be taught either in the summer or fall of year one if the students are prepared to understand and use evidence-based theory and practice throughout the curriculum. We also suggest that courses throughout the curriculum that utilize evidence-based practice should include a statement about evidence-based practice in the course description. Secondly, the course entitled Motor Learning and Control should be taught prior to courses that address patient populations that may have difficulty with motor learning and control. Specifically, students need the Motor Learning and Control course prior to the Evaluation and Management of Patients with Neurological Disorders (both children and adults). This would indicate that this course needs to be taught before year 2 of the curriculum. Lastly, the committee found the title for PHTH 7557 Evaluation of Patients with Locomotor Dysfunction to be misleading if this course is the study of biomechanics. Biomechanics should relate to more than locomotor dysfunction and the science of biomechanics should be emphasized not just the clinical application.

The evaluatory committee therefore recommends:

- ***Resequencing of the courses entitled "Research I" and "Motor Learning and Control".***
- ***Restructuring and renaming the course entitled "Evaluation of Patients with Locomotor Dysfunction."***

Response:

Resequencing of the courses entitled "Research I" and "Motor Learning and Control".

This issue has been addressed earlier in this document. As stated, an additional course has been added to the research sequence and the "Motor Learning and Control" course has been resequenced into a Neuroscience track involving three separate courses.

Restructuring and renaming the course entitled "Evaluation of Patients with Locomotor Dysfunction".

This course has been modified and broken into two units that better illustrate the topic material to be covered. Content dealing with biomechanics and ergonomics will be placed into a separate course with that name thus leaving the course "Evaluation of Patients with Locomotor Dysfunction" to deal purely with the concepts of evaluating and managing patients with a variety of ambulation disorders.

NEW CURRICULUM SHOULD BE SHARED WITH STUDENTS

Report:

During the interviews with the students, it was not apparent that any of the students had seen the proposed curriculum and that discussions of the proposal had taken place between faculty and students.

The evaluatory committee strongly recommends that the proposed curriculum be shared with current students in the program to gain their valuable input.

Staff Comment:

This issue was not directly addressed by LSUHSC-S.

TRANSITIONAL DPT SHOULD BE RECONSIDERED AT A LATER DATE

Report:

Lastly, information about the implementation of the *transitional* DPT program was lacking in the initial proposal and was not presented to the evaluatory committee until the site visit. Based upon the recommendations that are being presented for the implementation of the DPT program, no decisions can be made about the implementation of the transitional DPT program.

The evaluatory committee recommends that an additional review and on-site evaluation be done for the transitional DPT program once the DPT has been approved and implemented.

Staff Comment:

See “Conclusion” section.

USE OF GRE SCORES IN THE ADMISSION PROCESS IS CONFUSING

Report:

The admissions criteria are appropriate, as are the prerequisite courses required of applicants. However, the requirement that candidates “submit scores from the verbal, quantitative, analytical, and written assessment portions of the Graduate Record Examination (GRE)” without a plan to use the scores in selecting students for admission seems odd.

Response:

This item was not clearly explained to the external reviewers. GRE scores have always been utilized by the program to help determine the most qualified applicants. Students are ranked according to math-science grade point average, GRE scores and ratings from supervisors. It was a conscious decision of the program not to require a minimal score on the GRE for application. It was felt that a less than strong performance on the GRE did not necessarily indicate the individual was incapable of handling graduate level work. To the contrary, when individuals performed well academically and had a strong GRE performance, they would be given a higher ranking in the admissions process. The program is considering going to a minimum GRE score. Mechanisms would still likely allow conditional acceptance based on first semester performance in the curriculum.

MINORITY RECRUITMENT EFFORTS NEED TO BE STRENGTHENED

Report:

Data on minority students’ recruitment and enrollment are elusive, but it was clear from our meeting with the students that the student body includes a few minority students. Interview of the faculty suggests that the program could benefit from targeted minority recruitment activities either in concert with similar activities in the Medical School or as a separate activity of the School of Allied Health. Data concerning student progress and attrition are satisfactory.

The evaluatory committee recommends that:

- *The program requires competitive GRE scores of all applicants, and that the scores are used in evaluating applicants for admission into the program.*
- *The program establishes and implements clearly defined mechanisms for recruiting minority students.*

Response:

This program is not unique in its low number of minority students. This is an issue facing not only physical therapy education, but many other disciplines. The program works very closely with the Office of Multicultural Affairs and participates in job fairs, shadowing programs and provides opportunities for summer employment of minority candidates. It becomes a continual struggle to attract qualified minority candidates as many elect to pursue degrees in medicine. Financial considerations also play a role. The Louisiana Health Works Commission has recently instituted a stipend program in hopes of attracting students from rural areas of the state into high demand fields such as physical therapy. Additionally, the School of Allied Health Professions has established a Student Affairs and Recruitment Committee that has physical therapy representation. This group has been charged by the Dean to increase recruitment of minority candidates through visits to schools, job fairs and public service announcements. The program is in hopes these mechanisms will continue to increase the numbers of minority applicants.

ADDITIONAL FACULTY ARE ESSENTIAL**Report:**

Of all the factors influencing the success of the proposed program, the program's faculty is the most important. The evaluatory committee has two concerns: the number of faculty, and their qualifications.

Currently, 7 faculty members are listed but one is part-time and one is the Dean of the school with primarily administrative responsibilities. An additional 1.5 faculty are proposed. The evaluatory committee considers this increase insufficient to deliver a quality professional education program worthy of a doctoral degree. Currently, 24 students are admitted annually into the program, but this will increase to 30. Also, the length of time in the program will expand to 3 years. The evaluatory committee recognizes that at least 3 new PhD (or equivalent) faculty members must be hired to expand the scientific depth of the program's faculty and to maintain a proper student:faculty ratio.

Regarding qualifications, the current faculty appear to be properly qualified in their teaching roles, as students spoke highly of their enthusiasm and teaching ability. However, the faculty role as scholars in producing new knowledge, although acceptable for a master's degree program, does not meet the expectations for a doctoral-level program. On balance, the core faculty listed do not show a collective record of publishing in top-tier journals and grant activity consistent with the expectations of a doctoral-degree program.

This finding makes the hiring of the proposed number of 3 new PhD faculty members and the accelerated development of current faculty critical. Then, in total, these faculty members should create the critical mass of scholars necessary to fulfill the expectations for generating new knowledge in rehabilitation science, mentoring DPT students through group pilot research projects, and earning a national reputation for the program. Recruitment of new faculty should

begin as soon as the DPT program is approved, as national competition is keen for the most talented individuals. At least one but preferably two of the faculty should be experienced researchers with a strong record of primary-authored (first or last) publications and grants as principal investigator so that they can help mentor the other faculty. The other two can be more junior PhD faculty but still with a record of co-authored publications and, most importantly, with a realistic plan for future research that coincides with opportunities at LSU-Shreveport.

The evaluatory committee recommends that:

- *Three new PhD (or equivalent) faculty with research experience [must] be hired.*

Response:

While the program agrees that additional faculty are required, we take issue with some of the statements made by the external review team. One comment indicated that one of the part-time faculty listed for the program was the Dean and that he primarily had administrative responsibilities. The culture in the School of Allied Health Professions is that all faculty, regardless of rank, are expected to contribute to the mission of the institution and therefore participate in teaching, service and research. While the Dean and Program Director are responsible for administration, this does not absolve them of other responsibilities in the program.

In December of this year, one of the part-time faculty will have completed her doctoral degree and she has been offered a full-time position to become effective this July. This individual has ongoing research projects that deal with critical thinking skills and use of the reciprocating gait orthosis in the management of spinal cord injury. Additionally, the Dean has allocated an additional position to the program and an offer is being made to a post-doctoral candidate with an established research agenda dealing with the effects of magnetic fields on cellular function. This person additionally has a background in biomedical engineering and will add a needed dimension to the program. It is expected that this individual will join the program in the late spring.

Final details are being worked out on establishing the proposed tuition for the program. It is anticipated that, with Legislative and Regents approval, tuition will be set at a level which is several thousand dollars higher than currently being paid by the master's degree students. Additional dollars realized from tuition will place the program in a position financially to bring an additional faculty member on board in the Summer of 2007 and likely another in the Summer of 2008. This would put the program at a level higher than that recommended by the external review team.

ADEQUATE FACULTY HIRING PACKAGES WILL BE REQUIRED

Report:

Start-up packages that include equipment, lab space and possibly technical support staff will be needed. These positions should be tenure-track at the level of assistant professor or tenured at the level of associate professor or full professor as the credentials warrant. The allocation of effort between scholarship, teaching and service needs to be defined for these new faculty, and redefined for existing faculty, to optimize scholarly productivity. The current allocation of teaching activity at 50-60% is too high to attract new faculty intending to become productive scholars, as well as being too high to promote success along a tenure track that requires grants and publishing in top-tier journals. An apportionment of roughly 70% research, 25% teaching and 5% service would be reasonable for individuals who are tenure track. The requirements for achieving tenure need to be clear, need to be reviewed annually, and need to be enforced. Faculty not demonstrating satisfactory progress need to be warned and, if satisfactory progress is not demonstrated soon thereafter, such faculty need to be terminated even before the end of the tenure clock so as not to give such faculty false hope and so that the program can pursue and develop other scholarly faculty early on.

The evaluatory committee recommends that:

- ***[Adequate] start-up packages for new faculty in equipment and space must be arranged.***

Response:

The Dean of the School of Allied Health Professions has committed to work with the program in making available funds for any start up packages that may be deemed necessary. Again, the program takes issue with comments from one of the reviewers who felt that because we did not have major external funding and equipped laboratory space, that a “research culture” did not exist. Several of our faculty members are involved in basic science research and have laboratory space available in the Biomedical Research Institute. Collaborative relationships exist to permit basic science research agendas of the physical therapy faculty should this be their interest. At present Dr. Tinsley has a working relationship with the Department of Pharmacology with full use of laboratory space. In addition, Ms. Dunn has a similar relationship with the Department of Orthopaedics with laboratory space made available. It was emphasized to the team that the research focus of the majority of our faculty is in the clinical arena and the faculty have been very successful in this area with a respectable publication record. We feel clinical research is as vitally important to advancing the profession as is basic science research. It is not our desire to develop additional basic science research agendas at the present time.

COLLABORATIVE FACULTY RESEARCH OPPORTUNITIES MUST BE ENHANCED

Report:

Collaborative research opportunities with other faculty at LSU-Shreveport exist but are not cultivated. These opportunities are important to help initiate and sustain a more ambitious research agenda for the physical therapy faculty. Physical therapy faculty need to be made aware of the faculty development, mentored research grants available through NIH to help develop researchers who can compete for independent research grants in the future.

The evaluatory committee recommends that:

- ***Percentage of effort be distributed across research, teaching and service to promote research and grant productivity.***
- ***Collaborative opportunities with other successful researchers be facilitated.***

Response:

The model has been developed that works well for the program where faculty are expected to participate in research, teaching and scholarship. While there may be a few instances where the balance is tilted more toward service and less toward research, it is the role of the program director to make sure that a balance exists. We would agree that more effort needs to be directed toward grant productivity, and that has become a major goal of the program for this year. The post-doctoral candidate slated to join the faculty later this year will be coming on board with a clear directive that the majority of effort should be in obtaining external funding.

This is another area in which we disagree with the external reviewers. During the review, a comment was made that we “should not be riding on the coat tails of researchers in the School of Medicine.” Nothing is further from the truth. Every collaborative research project being conducted by a physical therapy faculty member is one that was developed by our faculty then expanded to involve faculty in other disciplines. Additionally, faculty from other schools have sought the expertise of physical therapy faculty to strengthen a collaborative project. Collaborative research has been conducted and several projects are currently underway with the Department of Orthopaedics, the Department of Plastic and Reconstructive Surgery, the Department of Rehabilitation Services and the Sports Medicine Institute at LSU-S. It is our intent to continue to strengthen these collaborations and to develop new ones.

COMPREHENSIVE FACULTY DEVELOPMENT PLAN/SOME CLINICAL IMPROVEMENTS WILL BE NEEDED

Report:

Additional equipment and resources, such as a Motion Analysis Laboratory, will be needed to support research and pedagogy in the proposed DPT program. The majority of faculty share the

research facilities allocated to the Medical faculty with whom they collaborate. These facilities are located mainly in the hospital and the Basic Research Institute (BRI), which itself has adequate wet labs, a PET scan facility and other resources. As noted above, there is an urgent need for the faculty to evolve into independently-funded researchers with independently-run laboratory and clinical facilities that support doctoral-level education and research.

Grounds have been broken for the construction of a new School of Allied Health Professions building. Successful implementation of this plan will significantly alleviate some of the space and equipment short-comings noted above. However, it was evident from our interview of the faculty and university administrators, that the architectural plan for the new building does not include dedicated research space and equipment for the program faculty. This deficiency, though consistent with the prevailing focus on classroom teaching, seems neglectful of the need for research and high-caliber faculty in a doctoral program. If doctoral education is to be realized at the appropriate standard, it is imperative to develop and implement a comprehensive plan that encompasses a coordinated array of activities that address the faculty inadequacies noted above, the lack of dedicated research space and equipment needed to promote independent research and funding, and the dearth of resources needed to foster doctoral education and the advancement of the science and practice of physical therapy.

Consequently, the evaluatory committee recommends that:

- ***The institution develops and implements a comprehensive plan of faculty development coupled with the recruitment of high-level faculty and the development of research facilities appropriate for the type of independent research activities that foster external funding, support doctoral level work, and advance the field of physical therapy.***

Response:

The institution has a well-documented program of faculty development that begins with goal setting by each faculty member who then meets with the program director to see if their goals are in concert with those of the program. Once annual goals are decided upon, a plan is developed to achieve these goals and monitored at six months and again at the annual review. It is through this process that the program has grown its faculty from mostly master's prepared individuals to a faculty that has a majority of doctorally-prepared individuals. At the present time, the program only recruits individuals with doctoral credentials.

While physical facilities are limited in our present location, this has not hampered the program's research efforts. The program secured a Board of Regents Enhancement Grant this past year that allowed for the purchase of \$35,000 worth of instructional and research equipment which has already been put to use by faculty researchers. Additionally, the program purchased \$45,000 worth of research equipment through self-generated funds. This equipment is also currently in use. An additional \$100,000 worth of external grant funding was obtained by another faculty member within the last five years. This has allowed for the purchase of additional equipment and has assisted in operation of the program.

As pointed out by the review team, collaborative opportunities exist in fully-equipped laboratories in the Health Sciences Center at Shreveport. We do not think it is necessary to duplicate equipment and space on the state's limited resources. Instead, we prefer to cultivate external funding opportunities through these collaborative relationships. In addition, the new Allied Health facility is expected to be completed in the Spring of 2006. This state-of-the-art facility will more than quadruple the currently available space to the program for research labs, classroom and laboratory instruction and clinical service. We still wish to emphasize our desire to produce strong, clinical research, which can easily be carried out in the new 27,000 square foot clinical facility, which will be physically attached to the academic/research tower. Total square footage available in the building will be approximately 72,000 square feet.

ADMINISTRATIVE CHANGES SHOULD BE CONSIDERED

Report:

The proposed program will be administered by the School of Allied Health just as the Doctor of Medicine (MD) degree program is administered by the School of Medicine at LSUHSC-Shreveport. The evaluatory committee concurs with the arguments supporting the need for financial and day-to-day operational supervision of the program by the School of Allied Health. However, the limited faculty resources of the school and the lack of an established record of managing the curriculum of a doctoral program by its faculty raise significant concerns about curricular oversight. The positive interactions between the program faculty and the faculty of other schools, in particular, the graduate faculty, suggests the presence of a positive academic climate that could lend itself to curricular management across schools. Thus, the involvement of suitably-qualified graduate faculty from the Graduate School could strengthen curricular oversight of the program.

Given the level of complexity of the program and the plan to develop a transitional DPT program, it seems appropriate to house the proposed DPT in an academic unit recognized as an "academic department" instead of "an academic program."

Accordingly, the evaluatory committee recommends:

- *Curricular oversight of the program by a group that includes suitably-qualified graduate faculty from the other schools.*
- *That major curricular changes and academic standards should be handled by this group, for example, the Graduate Council of the Health Sciences Center or at the minimum an Academic Committee that includes a significant number of the graduate faculty of other schools.*
- *That the school consider elevating the academic unit housing the proposed program to the status of an academic department.*

Response:

- *Curricular oversight of the program by a group that includes suitably-qualified graduate faculty from the other schools.*

The Program in Physical Therapy and the School of Allied Health Professions have sufficient graduate level faculty to perform the curricular oversight of this degree. We have been operating graduate level education programs independent of the School of Graduate Studies since our inception. It is interesting that this was not a recommendation on the New Orleans campus, where a single doctoral program already exists in Audiology, even though this program is in its infancy. The School of Allied Health Professions in Shreveport has a strong relationship with the School of Graduate Studies and communicates with them often. Many faculty of the School of Allied Health Professions hold appointments to the School of Graduate Studies. Should assistance or guidance be necessary at any point in the development of the DPT program, the faculty of the graduate school will be more than willing to serve as consultants.

- *That major curricular changes and academic standards should be handled by this group, for example, the Graduate Council of the Health Sciences Center or at the minimum an Academic Committee that includes a significant number of the graduate faculty of other schools.*

The School of Allied Health Professions has its own committee that oversees all Academic and Curricular affairs as well as another committee that is responsible for Research and Graduate Studies. Both committees consist of senior level, doctorally-prepared faculty and administrators of the School. As stated previously, many of these individuals hold appointments in the School of Graduate Studies and therefore provide a connection between the two.

- *That the school considers elevating the academic unit housing the proposed program to the status of an academic department.*

The School is not ready to entertain this notion at present. The School of Allied Health Professions recently reorganized into three major departments. This was done after several years of study and discussion. The Program in Physical Therapy was intentionally placed into the Department of Rehabilitation Sciences since all programs in that department offer degrees with a rehabilitation focus, and all are at the graduate level. Such an organization has provided a critical mass of senior level faculty who facilitate the research agenda as well as provide for mentoring in the promotion and tenure process. At such a time that the Program in Physical Therapy has grown in faculty number and students, it might be wise to consider it becoming a separate department. At present however, the organization is operationally sound and makes good fiscal sense for the institution and state.

BUDGETARY CONCERNS MUST BE ADDRESSED

Report:

The budget was difficult to interpret. Without line-item detail, it was not clear whether all expected expenditures are captured in the overall budget. Similarly, it was not clear what the funding sources include. It appears that state allocations, tuition, and clinical revenue are the main funding sources but the proportion for each is not known.

The biggest concern is covering the cost for three new faculty members. The evaluatory committee found that the current tuition is inordinately low for a graduate professional education program, especially one at the doctoral-degree level. The tuition proposed is roughly \$3000 per year, per student, for a total of \$9000 for the full three-year program. Tuition for DPT degree programs at other public Universities is two to four times this amount. Obviously, this low tuition policy benefits the student greatly, at least financially. However, the evaluatory committee is concerned that such low tuition could deprive the program of the revenue needed to provide the resources necessary for a high-quality doctoral degree program. It may be difficult to get state legislature approval to elevate tuition to the needed level to support three new faculty members; however, if substantial tuition increases are not possible, the University must find other solutions for covering the expense of 3 new full-time faculty members. Furthermore, the costs of *recruiting* new faculty must also be considered, as start-up dollars for laboratory equipment and possibly technical support staff will be high. These costs for recruitment and development of new and existing faculty will be ongoing for the program to transform to and sustain the doctoral level of academics. The cost for an administrative assistant must also be ensured.

The evaluatory committee recommends that:

- ***Faculty, Administration, and the Board of Regents interact to define a budgetary plan to allow acquisition of the faculty, space, equipment, support staff, and operational resources needed to implement the proposed doctoral degree.***

Response:

Discussions have already begun with the Board of Regents and Legislature to work toward the establishment of tuition for this new degree. Since the degree will be at the doctoral level, we have examined the tuition structure for other doctoral degrees both within and outside the institution and looked at our own funding needs. We are proposing an annual tuition of \$7,975. This tuition would provide the program with the necessary funds to support additional faculty positions and expanded program operations. At the same time, the tuition would be less than that paid by dental and medical students in the LSU system, as well as by DPT students in other state supported institutions. By example:

University of Maryland - \$ 16,608
University of South Carolina - \$ 13,197
University of Alabama-Birmingham - \$ 11,224
University of Central Arkansas - \$ 10,000

The budget (See Attachment) shows existing and projected revenues from all sources available to the program.

CONCLUSIONS OF THE EXTERNAL REVIEW COMMITTEE, WITH A RESPONSES FROM LSUHSC-S

Report:

The need is strong for a DPT degree program at Louisiana State University Health Sciences Center-Shreveport to continue to attract high-caliber students and deliver quality health care to the citizens of Louisiana. The evaluatory committee recommends conditional approval of the proposal for a DPT degree program to begin in the 2006-07 academic year.

Importantly, this approval is contingent upon satisfactory resolution of the following stipulations:

1. The University must hire three new faculty members who show a record and passion for scholarly productivity. Two should be experienced academicians. Search should commence as soon as possible. Two of the faculty should be on board before the DPT program begins.
2. The desired culture of the proposed program must be reviewed, defined, and documented in the context of a doctoral-level academic enterprise. Accordingly, the program's mission and vision must also be defined.
3. The number of credit hours for the program and the number of clinical externship weeks must be increased in order to be consistent with the national averages for clinical doctoral programs in physical therapy.
4. Resequencing and restructuring of identified courses in the curriculum must be completed.
5. Information about the implementation of the transitional DPT program was lacking in the initial proposal and was not presented to the evaluatory committee until the day of site visit. Based upon the recommendations that are being presented for the implementation of the DPT program, no decisions can be made about the implementation of the transitional DPT program. The evaluatory committee recommends that an additional review and on site evaluation be done for the transitional DPT program once the DPT has been approved and implemented.

Response:

1. As previously addressed, an additional post-doctoral faculty member is slated to join the faculty this spring. This individual is an established researcher who brings a research agenda in the basic sciences. Arrangements have been made for laboratory space within the School of Medicine. Also, in June, we will be increasing one faculty line from part-time to full-time, yet will continue part-time support from community clinicians. We will therefore have a net increase of two full-time faculty who will be on board one year before the projected start date of the new degree. Work will continue on recruiting a third faculty member who we would

expect to hire within one year of the degree start.

2. As indicated in the program's mission and vision statements, we aspire to produce a master clinician who is well founded in the evidence supporting practice and has a strong appreciation of the research process. Such a culture is well-established in our Master's level program and will be further nurtured in students pursuing the clinical doctorate. The curriculum is structured to expand upon the research foundation currently in place and to develop skills in the graduate that help to make them competent teachers of patients, students and colleagues. Our program is fully accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) and was accredited under the 1998 standards which were developed for doctoral level education. The CAPTE review of our program supports the presence of the culture expected. Additional accreditation will not be required by CAPTE after the program converts to the DPT other than that which would normally occur on our regular re-accreditation cycle.
3. The curriculum has been revised accordingly and is presented in Appendix A. Likewise, there has been a restructuring of the clinical education sequence to increase the number of clinical hours above the national mean.
4. This item is fully addressed in the curricular modifications noted.
5. Miscommunication was generated by the term "transitional DPT" which was used to distinguish full time students enrolled in the professional degree from part-time students who are practicing clinicians that may desire to return to school to obtain the DPT degree. A "transitional" DPT degree is not anticipated. Instead, graduates holding a bachelor's or master's degree in physical therapy may be permitted to enroll to obtain the necessary credits for awarding of the DPT degree. The program will only accept part-time students, once the full-time degree is fully operational and additional resources can be made available to support the additional students. This is no difference that currently exists with our MPT degree where several students are enrolled in part-time study to complete degree requirements.

STAFF SUMMARY

In its response to the report and a subsequent e-mail dated May 12, 2005, the LSUHSC-S has responded appropriately to many of the recommendations of the external consultants, especially those concerning the curriculum content and design. The institution also provided appropriate explanations regarding consultant concerns about the availability of clinical/research facilities and the transition from MS to DPT program structure.

There remain however several unresolved problematic areas.

Doctoral Culture

The LSUHSC-S took exception to the consultants' conclusion that a greater emphasis needs to be placed on the development and continuing support of an appropriate academic and research doctoral culture in the emerging DPT program. As indicators that such efforts were already underway, the institution cited portions of its mission statement which specifically calls for enhanced research and the program's full accreditation by CAPTE whose standards require appropriate research ventures.

The staff believes that the consultants were legitimately concerned with the appropriateness of the mission statement's lack of emphasis on appropriate levels of doctoral research. The current mission statement includes a rather generic statement on research, not particularly reflective of increased expectations for specific efforts in the science of rehabilitation appropriate to a doctoral-level programs. It is the consultants' strong belief that unless faculty research contributes in a focused, agenda-driven fashion to greater basic knowledge (as compared to clinical practice), then a DPT program cannot reach its full potential.

Further, the staff notes that professional accreditation of any type only ensures that appropriate minimum standards have been met. A program of this type should aspire to meet more than minimum standards: it should strive to be nationally competitive.

Faculty Resources

The consultants strongly recommended that "the University must hire three new (PhD) faculty members who show a record and passion for scholarly productivity. Two should be experienced academicians. This search should commence as soon as possible. Two of the faculty should be on board before the DPT program begins."

According to the institution, one new additional PhD faculty with an established research agenda will begin work on June 1st. A second new faculty member is joining the faculty in July. As this person is still in the dissertation phase of a PhD in Physical Therapy, it is unclear as to whether this person would have the necessary "record and passion for scholarly activity." The LSUHSC-S is less than absolute in its response to provide a third, new, appropriately qualified PT faculty in the near future.

Long-Term Faculty Development Plan

Long-term faculty development efforts will be required to develop and sustain a doctoral culture. The consultants recognized this fact when requiring such from the institution. Other than citing the existence of a faculty development plan, however, the institution did not supply any particulars regarding how it would specifically respond to this recommendation.

Budgetary Concerns

The consultants believed that a long-term plan of financial solvency, including the new costs for additional required resources, must be discussed and developed soon. The development of this plan should involve appropriate staff from the institution, its system, and the Board of Regents. The institution agrees and has responded with a proposed tuition increase. It appears however that this tuition may be significantly less than similar programs/institutions within the SREB region. This would not be troublesome except that a proposed new program budget submitted by LSUHSC-S appears to rely on significant amounts of unassured Health Workforce Capitation funds and unspecified self-generated funds to balance its budget. The staff concludes that a complete assessment of costs and revenues must be conducted as indicated by the consultants as soon as possible and before program implementation.

Related Matter

In a related matter, the staff notes that the LSUHSC-S is currently seeking Legislative approval for separation from LSUHSC-NO. It is expected that additional State support will be required to accomplish this administrative/structural change. While institutional separation is not directly related to this program request, some consideration should be given to accumulated costs required of both actions.

STAFF RECOMMENDATIONS

The staff recommends that the Academic and Student Affairs Committee grant conditional approval for the proposed Doctor of Physical Therapy program (CIP Code 51.2308) at Louisiana State University Health Sciences Center-Shreveport, to be implemented beginning Summer 2006, subject to the following stipulations:

- 1. By December 1, 2005, the institution shall submit to the Commissioner of Higher Education a plan for complete fulfillment of a recommendation of external consultants for additional faculty as stipulated in their report. Incomplete actions in this regard may necessitate a reconsideration of the projected implementation date for this program.*
- 2. This same report shall also specifically address how the institution proposes to meet the external consultants' expectations for a greater doctoral culture in the program, and it shall contain a long-term faculty development plan.*
- 3. As soon as feasible, appropriate staff of the LSUHSC-S, the LSU System, and the Board of Regents shall meet to discuss and develop a comprehensive long-term budget for this program which incorporates an appropriate tuition increase and fully accounts for new required costs.*

Upon implementation of the D.P.T. program, the existing Master of Physical Therapy program at the LSUHSC-S shall be automatically terminated.